

SENATE BILL No. 306

DIGEST OF SB 306 (Updated February 14, 2001 4:05 PM - DI 104)

Citations Affected: Noncode.

Synopsis: Health center cost based reimbursement. Extends for two years a provision that: (1) adds services provided by certain federally defined community health centers to the services that are provided under Medicaid; (2) requires, if both the office of Medicaid policy planning and the center agree, that each community health center receive its total reasonable cost reimbursement rate on a per visit basis for providing care to recipients of Medicaid; and (3) requires rural health clinics to be reimbursed under a cost based methodology. (The introduced version of this bill was prepared by the interim study committee on Medicaid oversight.)

Effective: June 30, 2001.

Miller, Craycraft

January 11, 2001, read first time and referred to Committee on Health and Provider

February 15, 2001, amended, reported favorably — Do Pass.



First Regular Session 112th General Assembly (2001)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2000 General Assembly.

SENATE BILL No. 306

A BILL FOR AN ACT concerning Medicaid.

Be it enacted by the General Assembly of the State of Indiana:

1	SECTION 1. P.L.147-1999, SECTION 1, IS AMENDED TO READ
2	AS FOLLOWS [EFFECTIVE JUNE 30, 2001]: (a) Except as provided
3	in IC 12-15-2-12, IC 12-15-6, and IC 12-15-21, the services provided
4	by:
5	(1) federally qualified health centers (as defined in 42 U.S.C.

- (1) federally qualified health centers (as defined in 42 U.S.C. 1396d(1)(2)); and
- (2) rural health centers (as defined in 42 U.S.C. 1396d(l)(1)); are provided under Medicaid.
- (b) Each If both the office of Medicaid policy and planning and a federally qualified health center (as defined in 42 U.S.C. 1396d(l)(2)) agree, the federally qualified health center shall receive its total reasonable cost reimbursement rate on a per visit basis for providing care to recipients of Medicaid. The reimbursement described in this subsection shall not be less than the amount the federally qualified health center would receive under 42 U.S.C. 139a(aa)(1)-(5).
- (c) Each rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)) shall be reimbursed under a cost based methodology.

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(d) This SECTION expires June 30, 2001. **2003.**

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SENATE MOTION

Mr. President: I move that Senator Craycraft be added as second author of Senate Bill 306.

MILLER

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COMMITTEE REPORT

Mr. President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 306, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, line 9, strike "Each" and insert "If both the office of Medicaid policy and planning and a".

Page 1, line 10, before "shall" insert "agree, the federally qualified health center".

Page 1, line 10, after "rate" insert "on a per visit basis".

Page 1, line 11, after "Medicaid." insert "The reimbursement described in this subsection shall not be less than the amount the federally qualified health center would receive under 42 U.S.C. 139a(aa)(1)-(5)."

and when so amended that said bill do pass.

(Reference is to SB 306 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 10, Nays 0.



